



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
DIVISION OF HEALTH RELATED BOARDS  
227 FRENCH LANDING, SUITE 300  
HERITAGE PLACE METROCENTER  
NASHVILLE, TENNESSEE 37243

For Office Use Only

1222-001- \$15.00

TENNESSEE BOARD OF DENTISTRY  
(615) 532-3202 or 1-800-778-4123  
<http://tennessee.gov/health>

## Sealant Application Certification Application

This application must be completed and submitted to the Board's Administrative Office along with the \$15.00 certification fee. The course will send proof of course completion directly to the Board's office. Do NOT complete this form prior to taking the course.

Name: \_\_\_\_\_  
Last First Middle Maiden

Mailing  
Address: \_\_\_\_\_

City State Zip

Is this an address change? Yes \_\_\_\_\_ No \_\_\_\_\_ Registration Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Work Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

School Course Taken Through: \_\_\_\_\_

Date Course Taken: \_\_\_\_\_

Signature of Applicant

Date

**Applicants for sealant application may not perform sealant application until notification by the Board that this certification has been added to their registration.**